



# Oregon

John A. Kitzhaber, MD, Governor

**Oregon Board of Pharmacy**  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971 / 673-0001  
Fax: 971 / 673-0002

E-mail: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)  
Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

**2012  
CONSULTANT PHARMACIST  
FAMILY PLANNING CLINIC  
SELF-INSPECTION REPORT**

**ATTENTION: CONSULTANT PHARMACIST**

Oregon Administrative Rule 855-043-0310(6) states that a consultant pharmacist must conduct and document an annual inspection of the clinic in accordance with the directions of the Board. The completed report form must be filed in the clinic, and be available to the Board for inspection for three years. Accompanying this letter is the form you need to complete to document your annual inspection. Failure to complete this report by **February 1, 2012** may result in disciplinary action.

Following your self-inspection and completion of the report, please review it with your staff and file it so that it will be accessible to Board Inspectors upon inspection. The most common reason for issuing a Deficiency Notice is either not having or not being able to readily retrieve required documents and records. Because Board inspections are unscheduled, it is common for the consultant pharmacist to be absent or unavailable. For this reason, you are asked to provide a list of the locations of required documents. Having all required documents and records maintained in a well-organized and readily retrievable manner dramatically reduces the chance that you will receive a Warning Notice.

The primary objective of this report, and your self-inspection, is to provide an opportunity to **identify** and **correct** areas of non-compliance with Oregon Board of Pharmacy rules. (Note: Neither the self-inspection nor a Board inspection evaluates your complete compliance with all rules.) The inspection report serves as a necessary document used by Board inspectors during an inspection to evaluate an outlet's level of compliance.

When a Board inspector discovers an area of non-compliance they may issue either a **Deficiency Notice** or a **Notice of Non-Compliance**. Both require a written response from the consultant pharmacist. Identifying and correcting an area of non-compliance **prior to a Board inspection** may eliminate the receipt of a Deficiency Notice/Notice of Non-compliance for that item. Do not assume that you are in compliance with any statement; take the time to personally verify that compliance exists. A situation of non-compliance that "is the way it has been for years" is the current consultant pharmacist's responsibility to immediately correct to avoid the possibility of a Warning Notice and/or disciplinary action. The Board understands that regulations may sometimes appear confusing and open to different interpretations. If you have any questions, please **fax** your questions, attention inspectors, prior to an inspection to 971-673-0002.

By answering the questions and referencing the appropriate rules provided, you can determine whether you are compliant with the rules. If you have corrected any deficiencies, please write corrected and the date of correction by the appropriate question.

**2012  
FAMILY PLANNING CLINICS  
INSPECTION REPORT**

Date: \_\_\_\_\_ Clinic Lic. No: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

**INSTRUCTIONS**

The clinic's Consultant Pharmacist must evaluate the facility's compliance with the Board of Pharmacy's rules by completing this inspection report by February 1, 2012.

**YES   NO**

**OAR 855-043-0310(1)**

Is the clinic only dispensing medications that are used for the purpose of birth control, treatment of amenorrhea, hormone deficiencies, urinary tract infections or sexually transmitted diseases?

Are the policies and procedures required by OAR 855-043-0310(1) readily available?

**OAR 855-043-0310(2)**

Prior to dispensing a medication does the registered nurse obtain a prescription from a practitioner?

Are all initial dispensings done personally by a physician, pharmacist, registered nurse, or nurse practitioner?

Are staff assistants only permitted to perform nonjudgmental functions on refills that have been verified by physician, nurse, or nurse practitioner?

**OAR 855-043-0310(2)**

Are drugs dispensed in containers in accordance with the federal Poison Prevention Packaging Act?

Are all prescriptions labeled in accordance with OAR 855-043-0310(2)(c)?

Does the prescriber verbally counsel the patient concerning all new medications?

Do the patients receive a drug information fact sheet with all medications?

**OAR 855-043-0310(3)**

Are all repackaged drugs labeled with:

- Brand name, or generic name and the manufacturer;
- Strength;
- Lot number; and
- Manufacturer's expiration date, or an earlier date if preferable?

**OAR 855-043-0310(4)**

Are all drugs secured to prevent unauthorized access whenever a physician, pharmacist or nurse is not present?

Are all drugs stored properly for sanitation and stability?

Are all outdated, damaged, deteriorated, misbranded or adulterated drugs properly quarantined?

**YES**   **NO**

**OAR 855-043-0310(5)**

Is a dispensing record, separate from the patients' charts, maintained for three years in accordance with OAR 855-043-0310(5)(a)?

Does the dispensing record contain?

- Name of patient;
- Brand name of drug, or generic name and name of manufacturer or distributor;
- Date of dispensing; and
- Initials of person dispensing the prescription?

Are all records of receipt and dispersal of drugs kept for a minimum of three years?

**OAR 855-043-0310(6)**

Are the annual inspections that were conducted by the clinic's consultant pharmacist readily available in the clinic for three years?

**OAR 855-019-0210**

Are prescriptions issued by a practitioner acting in the usual course of their professional practice and not result solely from a questionnaire or an internet-based relationship?

**OAR 855-019-0240**

Is consulting pharmacist complying with requirements of OAR 855-019-0240?

Signature of the Consultant Pharmacist \_\_\_\_\_

Oregon Pharmacist License No. \_\_\_\_\_ Date \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Deficiency Notice: \_\_\_\_\_

Comments: \_\_\_\_\_